



November 23, 2021

Web Announcement 2638

Some Behavioral Health Claims Denied in Error if Recipient Was Covered by Medicare

Claims for procedure codes 90785 (Interactive complexity), H2011 (Crisis Intervention), H2011 with modifier GT and H2011 with modifier HT submitted by provider type 14 (Behavioral Health Outpatient Treatment) specialties 300 (Qualified Mental Health Professional), 306 (Licensed Marriage and Family Therapist) and 307 (Clinical Professional Counselor) may have denied in error with error code 2502 (Client covered by Medicare B) and Explanation of Benefits (EOB) code 2590 (The client has Medicare). Effective with claims processed on or after November 23, 2021, these claims will bypass error code 2502 / EOB code 2590 and these providers will not be required to bill Medicare Part B prior to billing Medicaid.

The impacted claims that denied in error will be reprocessed automatically to adjudicate correctly. A future web announcement will report the results of the reprocessed claims.

When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.